		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038281

Facility Name: Heritage Manor-Normal

Address: 509 N. ADELAIDE (Number) Normal (City) 61701 (Zip Code)

County: McLean

Telephone Number: (309) 452-7468 **Fax #** ( )

IDPA ID Number: 370909086004

Date of Initial License for Current Owners: 1979

Type of Ownership:

	VOLUNTARY,NON-PROFIT	xx	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		xx	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: CRAIG L. ATER **Telephone Number:** ( )

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/01/2002 to 12/31/2002 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) CRAIG L. ATER
(Title) Senior Vice President -- Finance

Paid Preparer

(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) (309)823-7135 Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	164	Skilled (SNF)	164	59,860	1
2		Skilled Pediatric (SNF/PED)			2
3	0	Intermediate (ICF)	0	0	3
4		Intermediate/DD			4
5	0	Sheltered Care (SC)	0	0	5
6		ICF/DD 16 or Less			6
7	164	TOTALS	164	59,860	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	26,097	22,850	1,631	50,578	8
9	SNF/PED			0		9
10	ICF					10
11	ICF/DD					11
12	SC	0	0	0		12
13	DD 16 OR LESS					13
14	TOTALS	26,097	22,850	1,631	50,578	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.49%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [XX]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [XX]

I. On what date did you start providing long term care at this location?
Date started 1979

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date 1979 NO [xx]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [xx] If YES, enter number of beds certified _____ and days of care provided 1,631

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL [XX] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [XX] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	351,758	21,383		373,141		373,141	5,619	378,760			1
2	Food Purchase		182,059		182,059		182,059	(857)	181,202			2
3	Housekeeping	120,448	37,100		157,548		157,548		157,548			3
4	Laundry	76,840	26,645		103,485		103,485		103,485			4
5	Heat and Other Utilities			120,978	120,978		120,978	1,748	122,726			5
6	Maintenance	132,778	60,144	33,898	226,820		226,820	15,121	241,941			6
7	Other (specify):*											7
8	**TOTAL General Services**	681,824	327,331	154,876	1,164,031		1,164,031	21,631	1,185,662			8
	B. Health Care and Programs											
9	Medical Director			3,000	3,000		3,000		3,000			9
10	Nursing and Medical Records	1,736,903	77,872	129,974	1,944,749		1,944,749		1,944,749			10
10a	Therapy		283,791	153,172	436,963	(496,112)	(59,149)	188,701	129,552			10a
11	Activities	64,499	4,013		68,512		68,512		68,512			11
12	Social Services	45,114		2,799	47,913		47,913		47,913			12
13	Nurse Aide Training	10,143	1,679		11,822		11,822	3,124	14,946			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,856,659	367,355	288,945	2,512,959	(496,112)	2,016,847	191,825	2,208,672			16
	C. General Administration											
17	Administrative	83,166			83,166		83,166	145,223	228,389			17
18	Directors Fees							7,708	7,708			18
19	Professional Services			387,468	387,468		387,468	(372,956)	14,512			19
20	Dues, Fees, Subscriptions & Promotions			138,024	138,024	(89,790)	48,234	(22,949)	25,285			20
21	Clerical & General Office Expenses	238,373	16,049	18,085	272,507		272,507	305,460	577,967			21
22	Employee Benefits & Payroll Taxes			474,678	474,678		474,678	39,943	514,621			22
23	Inservice Training & Education			745	745		745	1,254	1,999			23
24	Travel and Seminar			4,385	4,385		4,385	(2,386)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			58,073	58,073		58,073	2,942	61,015			26
27	Other (specify):*			32,000	32,000		32,000	(32,000)				27
28	**TOTAL General Administration**	321,539	16,049	1,113,458	1,451,046	(89,790)	1,361,256	72,239	1,433,495			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,860,022	710,735	1,557,279	5,128,036	(585,902)	4,542,134	285,695	4,827,829			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heritage Manor-Normal #0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			353,018	353,018		353,018	50,228	403,246			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			222,587	222,587		222,587	219	222,806			32
33	Real Estate Taxes			82,705	82,705		82,705		82,705			33
34	Rent-Facility & Grounds							10,959	10,959			34
35	Rent-Equipment & Vehicles			3,476	3,476		3,476	20,843	24,319			35
36	Other (specify):*											36
37	**TOTAL Ownership**			661,786	661,786		661,786	82,249	744,035			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					496,112	496,112		496,112			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					89,790	89,790		89,790			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**					585,902	585,902		585,902			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,860,022	710,735	2,219,065	5,789,822		5,789,822	367,944	6,157,766			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(956)	35		5
6	Rented Facility Space	(62)	34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	35,878	30		9
10	Interest and Other Investment Income	(141)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(857)	2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions		33		15
16	Personal Expenses (Including Transportation)		24		16
17	Non-Care Related Fees	(858)	20		17
18	Fines and Penalties				18
19	Entertainment	(12,147)	24		19
20	Contributions	(20,000)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(568)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(12,000)	27		24
25	Fund Raising, Advertising and Promotional	(28,068)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Real estate taxes		33		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (39,779)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	407,723		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 407,723		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 367,944		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Heritage Manor-Normal

ID# 0038281

Report Period Beginning: 1/01/2002

Ending: 12/31/2002

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$ 0	0	1
2		0	0	2
3		0	0	3
4		0	0	4
5		(956)	35	5
6		(62)	34	6
7		0		7
8		0		8
9		35,878	30	9
10			32	10
11		0		11
12		0		12
13		(857)	2	13
14		0	32	14
15		0	33	15
16		0	24	16
17		(858)	20	17
18		0		18
19			24	19
20		(20,000)	27	20
21		0		21
22		(568)	19	22
23		0		23
24		(12,000)	27	24
25		(28,068)	20	25
26		0	0	26
27		0	0	27
28		0	0	28
29		0	0	29
30		0	0	30
31		0	0	31
32				32
33		0	33	33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(27,491)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor-Normal # 0038281 **Report Period Beginning:** 1/01/2002 **Ending:** 12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	5,619	0	0	0	0	0	0	0	0	5,619	1
2	Food Purchase	(857)	0	0	0	0	0	0	0	0	0	0	(857)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,748	0	0	0	0	0	0	0	0	1,748	5
6	Maintenance	0	0	15,121	0	0	0	0	0	0	0	0	15,121	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(857)	0	22,488	0	0	0	0	0	0	0	0	21,631	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	188,701	0	0	0	0	0	0	0	0	0	188,701	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	3,124	0	0	0	0	0	0	0	0	3,124	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	188,701	3,124	0	0	0	0	0	0	0	0	191,825	16
	C. General Administration													
17	Administrative	0	0	145,223	0	0	0	0	0	0	0	0	145,223	17
18	Directors Fees	0	0	7,708	0	0	0	0	0	0	0	0	7,708	18
19	Professional Services	(568)	(386,900)	14,512	0	0	0	0	0	0	0	0	(372,956)	19
20	Fees, Subscriptions & Promotions	(28,926)	0	5,977	0	0	0	0	0	0	0	0	(22,949)	20
21	Clerical & General Office Expenses	0	0	305,460	0	0	0	0	0	0	0	0	305,460	21
22	Employee Benefits & Payroll Taxes	0	0	39,943	0	0	0	0	0	0	0	0	39,943	22
23	Inservice Training & Education	0	0	1,254	0	0	0	0	0	0	0	0	1,254	23
24	Travel and Seminar	(12,147)	0	9,761	0	0	0	0	0	0	0	0	(2,386)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,942	0	0	0	0	0	0	0	0	2,942	26
27	Other (specify):*	(32,000)	0	0	0	0	0	0	0	0	0	0	(32,000)	27
28	**TOTAL General Administration**	(73,641)	(386,900)	532,780	0	0	0	0	0	0	0	0	72,239	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(74,498)	(198,199)	558,392	0	0	0	0	0	0	0	0	285,695	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor-Normal # 0038281 **Report Period Beginning:** 1/01/2002 **Ending:** 12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	35,878	0	0	14,350	0	0	0	0	0	0	0	50,228	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(141)	0	0	360	0	0	0	0	0	0	0	219	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(62)	0	0	11,021	0	0	0	0	0	0	0	10,959	34
35	Rent-Equipment & Vehicles	(956)	0	0	21,799	0	0	0	0	0	0	0	20,843	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	34,719	0	0	47,530	0	0	0	0	0	0	0	82,249	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(39,779)	(198,199)	558,392	47,530	0	0	0	0	0	0	0	367,944	45

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V	10a	Adjustment for Related Organization	149,408	GreenTree Therapy	100.00%	129,386	(20,022)	2
3	V								3
4	V	19	Adjustment for Related Organization	386,900	Heritage Enterprises, Inc.	100.00%		(386,900)	4
5	V								5
6	V	10a	Adjustment for Related Organization	285,518	GreenTree Pharmacy	100.00%	494,241	208,723	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 821,826			$ 623,627	$ * (198,199)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Enterprises, Inc.	100.00%	$ 5,619	$ 5,619	15
16	V	2	Food Purchase				0		16
17	V	3	Housekeeping				0		17
18	V	4	Laundry				0		18
19	V	5	Heat & Other Utilities				1,748	1,748	19
20	V	6	Maintenance				15,121	15,121	20
21	V	7	Other				0		21
22	V	9	Medical Director				0		22
23	V	10	Nursing & Medical Records				0		23
24	V	11	Activities				0		24
25	V	12	Social Service				0		25
26	V	13	Nurse Aide Training				3,124	3,124	26
27	V	14	Program Transportation				0		27
28	V	15	Other				0		28
29	V	17	Administrative				145,223	145,223	29
30	V	18	Directors Fees				7,708	7,708	30
31	V	19	Professional Services				14,512	14,512	31
32	V	20	Fees, Subscription, Promotions				5,977	5,977	32
33	V	21	Clerical & General Office Expenses				305,460	305,460	33
34	V	22	Employee Benefits & Payroll Taxes				39,943	39,943	34
35	V	23	Inservice Training & Education				1,254	1,254	35
36	V	24	Travel and Seminar				9,761	9,761	36
37	V	25	Other Admin. Staff Transportation				0		37
38	V	26	Insurance-Prop.Liab.Malpract				2,942	2,942	38
39	Total			$			$ 558,392	$ * 558,392	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	$	Heritage Enterprises, Inc.	100.00%	$ 0	$	15
16	V	30	Depreciation				14,350	14,350	16
17	V	31	Amortization of Pre-Op & Org				0		17
18	V	32	Interest				360	360	18
19	V	33	Real Estate Taxes				0		19
20	V	34	Rent-Facility & Grounds				11,021	11,021	20
21	V	35	Rent-Equipment & Vehicles				21,799	21,799	21
22	V	36	Other				0		22
23	V	38	Medically Nec Transportation				0		23
24	V	39	Ancillary Service Centers				0		24
25	V	40	Barber and Beauty Shops				0		25
26	V	41	Coffee and Gift Shops				0		26
27	V	42	Other				0		27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 47,530	$ * 47,530	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Bill Froelich	Chairman of Board	Management	26.00	397,396	5	100.00	Director/Salar	$ 27,143	line 17/18, col	1
2	Tom Jefferson	Asst Secretary/Treas	Management	10.00	390,860	5	100.00	Director/Salary	26,698	line 17/18, col	2
3	Craig Hart	Secretary/Treasurer	Management	20.00	343,058	10	100.00	Director/Salary	23,433	line 17/18, col	3
4	Joe Warner	President	Management	2.50	370,366	40	100.00	Director/Salary	25,298	line 17/18, col	4
5	Bob Dickson	Executive Vice Presid	Management	0.80	92,266	40	100.00	Salary	6,302	line 17, col 7	5
6	Cheryl Lowney	Executive Vice Presid	Management	0.30	186,564	50	100.00	Director/Salary	12,743	line 17/18, col	6
7	Steve Wannemacher	Executive Vice Presid	Management	0.30	175,068	50	100.00	Director/Salary	11,958	line 17/18, col	7
8	Connie Hoselton	Sr Vice President	Management	0.17	140,191	40	100.00	Salary	9,576	line 17, col 7	8
9	Craig Ater	Sr Vice President	Management	0.21	143,176	50	100.00	Salary	9,780	line 17, col 7	9
10											10
11											11
12											12
13								TOTAL	$ 152,931		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 2/31/2002

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [xx]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,401	24	$ 82,266	$ 82,266	164	$ 5,619	1
2	2	Food Purchase	Beds	2,401	24	0	0	164	0	2
3	3	Housekeeping	Beds	2,401	24	0	0	164	0	3
4	4	Laundry	Beds	2,401	24	0	0	164	0	4
5	5	Heat & Other Utilities	Beds	2,401	24	25,593	0	164	1,748	5
6	6	Maintenance	Beds	2,401	24	221,381	58,785	164	15,121	6
7	7	Other	Beds	2,401	24	0	0	164	0	7
8	9	Medical Director	Beds	2,401	24	0	0	164	0	8
9	10	Nursing & Medical Records	Beds	2,401	24	0	0	164	0	9
10	11	Activities	Beds	2,401	24	0	0	164	0	10
11	12	Social Service	Beds	2,401	24	0	0	164	0	11
12	13	Nurse Aide Training	Beds	2,401	24	45,737	39,267	164	3,124	12
13	14	Program Transportation	Beds	2,401	24	0	0	164	0	13
14	15	Other	Beds	2,401	24	0	0	164	0	14
15	17	Administrative	Beds	2,401	24	2,126,096	2,126,096	164	145,223	15
16	18	Directors Fees	Beds	2,401	24	112,849	0	164	7,708	16
17	19	Professional Services	Beds	2,401	24	212,454	0	164	14,512	17
18	20	Fees, Subscription, Promotions	Beds	2,401	24	87,500	0	164	5,977	18
19	21	Clerical & General Office Expens	Beds	2,401	24	4,472,002	4,183,145	164	305,460	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,401	24	584,769	0	164	39,943	20
21	23	Inservice Training & Education	Beds	2,401	24	18,362	0	164	1,254	21
22	24	Travel and Seminar	Beds	2,401	24	142,902	0	164	9,761	22
23	25	Other Admin. Staff Transportatio	Beds	2,401	24	0	0	164	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,401	24	43,070	0	164	2,942	24
25	TOTALS					$ 8,174,981	$ 6,489,559		$ 558,392	25

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 2/31/2002

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,401	24	$	$	164	$	1
2	30	Depreciation	Beds	2,401	24	210,090		164	14,350	2
3	31	Amortization of Pre-Op & Org	Beds	2,401	24			164		3
4	32	Interest	Beds	2,401	24	5,270		164	360	4
5	33	Real Estate Taxes	Beds	2,401	24			164		5
6	34	Rent-Facility & Grounds	Beds	2,401	24	161,349		164	11,021	6
7	35	Rent-Equipment & Vehicles	Beds	2,401	24	319,142		164	21,799	7
8	36	Other	Beds	2,401	24			164		8
9	38	Medically Nec Transportation	Beds	2,401	24			164		9
10	39	Ancillary Service Centers	Beds	2,401	24			164		10
11	40	Barber and Beauty Shops	Beds	2,401	24			164		11
12	41	Coffee and Gift Shops	Beds	2,401	24			164		12
13	42	Other	Beds	2,401	24			164		13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 695,851	$		$ 47,530	25

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	LsSalle National Bank		xx	Mortgage	4640 plus Int	01/15/99	$ 5,352,345	$ 4,627,292	01/15/06	variable	$ 188,337	1
2	LsSalle National Bank		xx	Mortgage							6,124	2
3												3
4												4
5												5
	Working Capital											
6	Central Office Allocation		xx	Working Capital							28,126	6
7	Central Office Allocation		xx	Working Capital							360	7
8												8
9	TOTAL Facility Related						$ 5,352,345	$ 4,627,292			$ 222,947	9
	B. Non-Facility Related*											
10	Interest Income										(141)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (141)	14
15	TOTALS (line 9+line14)						$ 5,352,345	$ 4,627,292			$ 222,806	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2001 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	88,113	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	83,326	2
3. Under or (over) accrual (line 2 minus line 1).	$	(4,787)	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)	$	87,492	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	82,705	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	1997	8
	1998	9
	1999	10
	2000	11
	2001	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Manor-Normal COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0038281

CONTACT PERSON REGARDING THIS REPORT Craig Ater

TELEPHONE (309)823-7135 FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	1429227016	Nursing Home	$ 107,876.00	$ 83,326.00
2.		Nursing Home	$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 107,876.00	$ 83,326.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 33,800 B. General Construction Type: Exterior Brick/Wood Frame _____ Number of Stories _____

C. Does the Operating Entity? [xx] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [xx] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [xx] NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Land			$ 60,687	1
2					2
3	TOTALS			$ 60,687	3

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	164				$ 1,860,193	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1979 Improvements			1979	64,594						9
10	1980 Improvements			1980	48,089						10
11	1981 Improvements			1981	17,747						11
12	1982 Improvements			1982	18,009						12
13	1983 Improvements			1983	19,892						13
14	1984 Improvements			1984	25,484						14
15	1985 Improvements			1985	531,851						15
16	1986 Improvements			1986	82,460						16
17	1987 Improvements			1987	17,447						17
18	1988 Improvements			1988	133,532						18
19	1989 Improvements			1989	39,555						19
20	1990 Improvements			1990	18,557						20
21	1991 Improvements			1991	5,776						21
22	1992 Improvements			1992	8,016						22
23	1993 Improvements			1993	188,048						23
24	1994 Improvements			1994	187,325						24
25	1995 Improvements			1995	10,664						25
26	A/C Basement Laundry			1996	6,741						26
27	Asphalt Repair			1996	21,401						27
28	Remodel/Painting			1996	1,912						28
29	Fire Alarm Repair/Replace			1996	8,069						29
30	Kitchen Floor/Backsplash			1996	1,395						30
31											31
32											32
33											33
34	C/O Allocation							14,350	14,350		34
35	Book Depreciation					249,553		285,729	36,176	3,252,285	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Tubes--Boiler	1997	$ 12,279	$		$	$	$	37
38	Smoke Damper	1997	2,508						38
39	Perimeter Alarm	1997	3,364						39
40	Door Alarm	1997	3,909						40
41	Parking Lot Lights	1997	1,221						41
42	Fire Door	1997	2,146						42
43									43
44	Asbestos Removel	1998	985						44
45	Fire Daper	1998	4,589						45
46	Plumbing Maintenance	1998	3,285						46
47	HVAC Repairs	1998	2,139						47
48	Boiler Retubed	1998	5,720						48
49	Remodel Resident Rooms and Halls-materials	1998	739,117						49
50	Remodel Resident Rooms and Halls- Labor	1998	4,323						50
51	Remodel Resident Rooms and Halls-Professional Fees	1998	38,935						51
52									52
53	Moving Furnature Expense	1998	6,398						53
54	Computer Room Work	1998	896						54
55	Alzheimers Addition-Materials	1998	876,511						55
56	Alzheimers Addition-Labor	1998	516						56
57	Alzheimers Addition-Professional Fees	1998	162,266						57
58	Ventalation System-Materials	1998	54,231						58
59	Ventalation System-Professional Fees	1998	33,010						59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,275,105	$ 249,553		$ 300,079	$ 50,526	$ 3,252,285	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 5,275,105	$ 249,553		$ 300,079	$ 50,526	$ 3,252,285	1
2	Alzheimers Addition-Materials	1999	1,913,384						2
3	Alzheimers Addition-Labor	1999	16,393						3
4	Alzheimers Addition-Professional Fees	1999	43,955						4
5	Ventalation System-Materials	1999	2,591						5
6	Remodel Resident Rooms--Materials	1999	96,197						6
7	Remodel Resident Rooms--Professional Fees	1999	350						7
8	Patio Replacement	1999	3,700						8
9	WAN Room Renovation	1999	3,230						9
10	ALTA Survey	1999	5,488						10
11	PANIC Hardware	1999	1,941						11
12	Roof Work	1999	4,844						12
13	Boiler Replacement	1999	11,219						13
14	Garage Door	1999	985						14
15	West End Renovations-Labor	1999	2,184						15
16	Assisted Living Professional Fees	1999	1,843						16
17									17
18	West Wing Outlets	2000	8,485						18
19	Alzheimer Unit Flooring	2000	5,631						19
20	Accordian Door and Installation	2000	9,600						20
21	Air conditioning Units (2)	2000	1,240						21
22	Exterior Door Replacement	2000	6,095						22
23	Air conditioner -- Dishroom	2000	12,041						23
24	HVAC temp Control	2000	16,220						24
25	Mop sink and faucet (2)	2000	3,377						25
26	Clinical Sink	2000	847						26
27	Eye Wash Stations	2000	2,566						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,449,511	$ 249,553		$ 300,079	$ 50,526	$ 3,252,285	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 7,449,511	$ 249,553		$ 300,079	$ 50,526	$ 3,252,285	1
2	West End Renovations-Labor	2000	9,940						2
3	West End Renovations-material	2000	7,991						3
4									4
5	Boiler Repair	2001	7,921						5
6	Code Alert	2001	6,248						6
7	Painting & Wallpaper Hallway	2001	2,714						7
8	Condenser	2001	3,203						8
9	Fire System Repair	2001	2,269						9
10	Sign	2001	3,266						10
11	Water Heater	2001	4,797						11
12									12
13	Smoke Detector	2002	2,000						13
14	Fence	2002	2,400						14
15	Mixing Valve	2002	2,000						15
16	Bathroom Repairs	2002	10,179						16
17	Sprinkler System	2002	1,019						17
18	Computer Cable	2002	1,076						18
19	Boiler Pump	2002	5,000						19
20	A/C Unit	2002	2,750						20
21	Administrator Office Remodel	2002	4,534						21
22	Fire System Repair	2002	1,234						22
23	A/C Repair	2002	3,535						23
24	Flag & Flag Pole	2002	600						24
25	Elevator Repairs	2002	6,862						25
26	Code Alert	2002	975						26
27	Exhaust Fan	2002	1,350						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,543,374	$ 249,553		$ 300,079	$ 50,526	$ 3,252,285	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,072,697	$ 103,465	$ 103,167	$ (298)		$ 775,273	71
72	Current Year Purchases	32,075						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,104,772	$ 103,465	$ 103,167	$ (298)		$ 775,273	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 8,708,833	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 353,018	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 403,246	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 50,228	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,027,558	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$
13.	/2004	$
14.	/2005	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 24,319 Description: pager, computer equipment
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? ☐ YES ☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- COMMUNITY COLLEGE ☐
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies		1,679		1,679
3	Classroom Wages (a)		10,143		10,143
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$ 11,822	$	$ 11,822
10	SUM OF line 9, col. 1 and 2 (e)	$ 11,822			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a/3	hrs	$		$ 42,633	$		$ 42,633	1
2	Licensed Speech and Language Development Therapist	10a/3	hrs			5,479			5,479	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a/3	hrs			81,274	166		81,440	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39/3	# of prescrpts				492,348		492,348	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): x-ray	39/3				3,764			3,764	13
14	TOTAL			$		$ 133,150	$ 492,514		$ 625,664	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Heritage Manor-Normal **#** 0038281 **Report Period Beginning:** 1/01/2002 **Ending:** 12/31/2002

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2002 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 300	$	1
2	Cash-Patient Deposits	13,743		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	464,998		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	19,672		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	439,827		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 938,540	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	181,333		13
14	Buildings, at Historical Cost	7,209,902		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,167,154		16
17	Accumulated Depreciation (book methods)	(2,603,023)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Deferred Tax Asset	18,372		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,973,738	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,912,278	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 89,443	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,743		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	318,059		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,620		31
32	Accrued Real Estate Taxes(Sch.IX-B)	87,492		32
33	Accrued Interest Payable	9,309		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Security Deposits	22,632		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 543,298	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	4,627,292		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 4,627,292	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 5,170,590	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,741,688	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,912,278	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,304,303	1
2	Restatements (describe):		2
3	Audit Adjustment	(124,740)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,179,563	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	562,125	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 562,125	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,741,688	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,203,018	1
2	Discounts and Allowances for all Levels	(563,083)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,639,935	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	214,842	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 214,842	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	6,391	11
12	Gift and Coffee Shop	3,974	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	62	16
17	Sale of Drugs	486,476	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	126	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 497,029	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	141	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 141	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,351,947	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,164,031	31
32	Health Care	2,512,959	32
33	General Administration	1,451,046	33
	B. Capital Expense		
34	Ownership	661,786	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37	Loss from Non-Nursing property		37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,789,822	40
41	**Income before Income Taxes (line 30 minus line 40)****	562,125	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 562,125	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,952	2,080	$ 53,800	$ 25.87	1
2	Assistant Director of Nursing	1,872	2,080	36,657	17.62	2
3	Registered Nurses	18,529	20,343	407,347	20.02	3
4	Licensed Practical Nurses	20,621	22,385	382,360	17.08	4
5	Nurse Aides & Orderlies	78,738	83,738	813,268	9.71	5
6	Nurse Aide Trainees	1,534	1,534	10,143	6.61	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,584	4,171	43,471	10.42	8
9	Activity Director					9
10	Activity Assistants	5,847	6,266	64,499	10.29	10
11	Social Service Workers	2,042	2,152	45,114	20.96	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	43,024	45,531	351,758	7.73	15
16	Dishwashers					16
17	Maintenance Workers	14,008	15,305	132,778	8.68	17
18	Housekeepers	16,134	17,113	120,448	7.04	18
19	Laundry	9,686	10,438	76,840	7.36	19
20	Administrator	2,080	2,080	83,166	39.98	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,189	16,561	238,373	14.39	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	234,840	251,777	$ 2,860,022 *	$ 11.36	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		3,000		36
37	Medical Records Consultant		1,350		37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,180		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		2,799		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 10,329		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 5,451		50
51	Licensed Practical Nurses		5,931		51
52	Nurse Aides		110,708		52
53	TOTAL (lines 50 - 52)		$ 122,090		53

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Cindy Wegner	Administrator	0	$ 83,166
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 83,166

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Enterprises	Management Fees	$ 386,900
		0
		0
		0
Legal Fees (Adjusted to zero)		568
		0
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 387,468

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 54,841
Unemployment Compensation Insurance	17,855
FICA Taxes	218,792
Employee Health Insurance	165,547
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Hepatitis Vaccine	0
Employee Benefits -	17,643
Employee Benefits - central office	39,943
TOTAL (agree to Schedule V, line 22, col.8)	$ 514,621

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 400
Advertising: Employee Recruitment	7,379
Health Care Worker Background Check	
(Indicate # of checks performed 45)	441
Central Office Allocation	5,977
Promotional Advertising	24,011
Public Relations	4,057
Dues and Subscriptions	11,559
License and Fees	387
Less: Public Relations Expense	(4,057)
Non-allowable advertising	(858)
Yellow page advertising	(24,011)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 25,285

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	636
	31
Seminar Expense	3,718
Non Allowable	(12,147)
Central Office Allocation	9,761
Entertainment Expense	( )
(agree to Sch. V,	
TOTAL line 24, col. 8)	$ 1,999

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Manor-Normal # 0038281 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **no**

(2) Are there any dues to nursing home associations included on the cost report? **yes**
If YES, give association name and amount. **Illinois Healthcare Association**

(3) Did the nursing home make political contributions or payments to a political action organization? **no** If YES, have these costs been properly adjusted out of the cost report? **yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **no** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **yes**
What was the average life used for new equipment added during this period? **7 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **no**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **xx** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **no** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **89,790**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **no** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **yes** Indicate the amount. $ **29,195**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100**
d. Have vehicle usage logs been maintained? **yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **yes**
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **yes**
Firm Name: **Sulaski & Webb** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **not complete at this date**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **yes**
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number		Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3/ Line #	Sch 5 pg 3/4 Col #	Sch 6 pg 5 Line #	Adjustment Amount				
1009		PETTY CASH	300							1,009	1,009 PETTY CA	300
1010		CASH IN BANK								1,100	1,100 ACCTS RE	464,998
1040		CASH IN BANK-PAYROLL								1,101	1,101 ALLOW. FOR UNCOLLECTIBLES	
1100		ACCOUNTS RECEIVABLE	464,998							1,110	1,110 ACCTS RECEIV-M/C	
1110		MEDICARE RECEIVABLES								1,125	1,125 ACCTS RECEIV-IPA	
1125		IPA INCOME RECEIVABLE								1,135	1,135 ACCTS RECEIV-IC	
1130		MEDICARE COST REPORT								1,140	1,140 UNAPPLIED CASH RECEIPTS	
1135		ACCOUNTS RECEIVABLE-IC								1,145	1,145 A/R SUSPENSE-REFUNDS	
1140		UNAPPLIED CASH RECEIPTS								1,200	1,200 PREPAID I	19,672
1145		A/R SUSPENSE-REFUNDS								1,220	1,220 OTHER PREPAID EXPENSES	
1190		ACCRUED INTEREST REC								1,300	1,300 DIETARY INVENTORY	
1200		PREPAID INSURANCE	19,672							1,310	1,310 SUPPLIES INVENTORY	
1220		OTHER PREPAID EXPENSES								1,320	1,320 LINEN INVENTORY	
1300		FOOD INVENTORY								1,409	1,409 LAND	181,333
1310		SUPPLIES INVENTORY								1,450	1,450 FURNITUR	1,167,154
1409		LAND	181,333							1,460		-833,334
1450		FURNITURE & EQUIPMENT	1,167,154							1,475	1,475 CODE ALE	7,209,902
1460		ACCUM DEPR-FURN & EQUIP	-833,334							1,490	1,490 ACCUM D	-1,769,689
1475		BUILDING & IMPROVEMENTS	7,209,902							1,530	1,530 RESIDENT	13,743
1490		ACCUM DEPR-BUILDING	-1,769,689							1,550	1,550 LOAN FEE	18,372
1530		RESIDENT FUNDS	13,743							1,551	1,551 LOAN FEES ADDED	
1550		LOAN FEES	18,372							1,850	1,850 INTERCOM	439,827
1560		REAL ESTATE TAX ESCROW								2,010	2,010 ACCOUNT	-89,443
1575		REIMBURSABLE PURCHASES								2,100	2,095 BONUSES PAYABLE	
1850		INTRACOMPANY	439,827							2,100	2,100 ACCRUED	-157,324
2010		ACCOUNTS PAYABLE	-89,443							2,100	2,100 PR CLEARING-BENEFITS	
2095		BONUSES PAYABLE								2,100	2,100 PR CLEARING-LABOR	
2100		ACCRUED PAYROLL	-157,324							2,110	2,110 ACCRUED	-160,735
2110		ACCRUED VACATION PAY	-160,735							2,120	2,120 U.C. TAXES PAYABLE	
2120		UC TAXES PAYABLE								2,125	2,125 FICA TAXI	-2,620
2125		FICA TAX PAYABLE	-2,620	-2,620						2,130	2,130 FEDERAL W/H TAX PAYABLE	
2130		FIT PAYABLE								2,140	2,140 STATE W/H TAX PAYABLE	
2140		STATE W/H PAYABLE		0						2,152	2,152 WORKERS COMP ACCRUAL	
2145		EARNED INCOME CREDIT								2,225	2,225 EMPLOYEEE INSURANCE REFUND	
2150		UC FED CREDIT REDUCTION								2,230	2,230 PAYROLL SAVINGS	
2230		PAYROLL SAVINGS								2,235	2,240 UNITED FUND	
2235		IRA W/HOLDINGS								2,240	2,246 GROUP INSURANCE - CAFETERIA	
2240		UNITED WAY								2,246	2,250 401K W/H	
2245		GROUP INSURANCE PAYABLE								2,250		
2246		GROUP INSURANCE PAYABLE-CAFETERIA								2,260	2,260 WAGE GARNISHMENT	
2260		WAGE GARNISHMENTS								2,300	2,300 ACCRUED	-9,309
2280		MISC PAYROLL DEDUCTIONS								2,320	2,320 IPA PAYM	-22,632
2300		ACCRUED INTEREST PAYABLE	-9,309							2,350	2,350 REAL EST.	-87,492
2310		SALES TAX PAYABLE								2,385		
2320		IPA PAYMENTS PAYABLE	-22,632							2,400	2,400 CURRENT PORTION OF LT DEBT	
2350		REAL ESTATE TAX PAYABLE	-87,492							2,512	2,512 DUE TO RI	-13,743
2385		ACTIVITY FUND	0							2,600	2,600 LASALLE	-4,627,292
2390		SECURITY DEPOSITS								2,600		
2391		VOLUNTEER FUND								2,625	2,625 LASALLE CONSTR. LOAN #2	
2393		HEART FUND/BAZAAR								2,625		
2395		DEFERRED INC EMP & MEM								2,695	2,695 CURRENT PORTION OF LT DEBT	
2400		CURRENT PORTION LT DEBT								2,720	2,720 RETAINEI	-1,179,563
2460		INCOME TAXES PAYABLE									net income	-562,125
2512		DUE TO RESIDENTS	-13,743									
2600		MORTGAGE PAYABLE	-4,627,292									
2650		EQUIPMENT LOAN PAYABLE									balance	0
2695		CURRENT PORTION LT DEBT										
2696		DEFERRED INCOME TAXES										
2710		COMMON STOCK										
2720		RETAINED EARNINGS	-1,179,563									
2970		PROFIT/LOSS FOR PERIOD	-562,125									
3007.1		PATIENT DAYS-PRIVATE	26,399							3,007	3,007 PATIENT I	26,399
3007.2		PATIENT DAYS-IPA	26,110							3,007	3,007 PATIENT I	26,110
3007.3		PATIENT DAYS-MEDICARE	1,631							3,007	3,007 PATIENT I	1,631
3007.4		PATIENT DAYS-CONVERSION								3,007		
3007.5		PATIENT DAYS-LICENSED								3,007		
3007.6		PATIENT DAYS-TOTAL								3,007		
3010	1	BASIC CHARGE-PRIVATE & VA	-3,103,995		0	0	0	0		3,007		
3015	1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0		3,010	3,010 BASIC CH.	-3,103,995
3020	1	BASIC CHARGE-IPA	-2,231,036		0	0	0	0		3,020	3,020 BASIC CH.	-2,231,036
3030	1	BASIC CHARGE-MEDICARE	-477,828		0	0	0	0		3,030	3,030 BASIC CH.	-477,828
3035	4	DAY CARE/HOME CARE			0	0	0	0		3,040	3,040 LIGHT NU	-2,268
3040	1	LIGHT NURSING CARE	-160,361		0	0	0	0		3,050	3,050 MEDIUM N	-50,666
3050	1	MEDIUM NURSING CARE			0	0	0	0		3,060	3,060 HEAVY NU	-99,372
3060	1	HEAVY NURSING CARE			0	0	0	0		3,061	3,061 SKILLED N	-8,055
3061	1	SKILLED NURSING CARE								3,080	3,080 NURSING	-65,937
3080	1	NURSING SUPPLIES-PRIVATE	-229,238		0	0	0	0		3,081	3,081 NURSING	-129,064
3081	1	NURSING SUPPLIES-IPA			0	0	0	0		3,082	3,082 NURSING	-13,435
3082	1	NURSING SUPPLIES MED PT A			0	0	0	0		3,083	3,083 NURSING	-20,802
3083	1	NURSING SUPPLIES MED PT B								3,100	3,100 DRUGS-MI	-93,573
3100	17	DRUGS	-486,476		0	0	0	0		3,101	3,101 DRUGS-OT	-392,903
3101	17	DRUGS-OTHER								3,110	3,110 PHYSICAL	-1,280
3110	6	PT-PRIVATE	-214,842		0	0	0	0		3,111		
3111	6	PT-IPA			0	0	0	0		3,112	3,112 PHYSICAL	-89,080
3112	6	PT-MEDICARE PART A			0	0	0	0		3,113	3,113 PHYSICAL	-50,653
3113	6	PT-MEDICARE PART B			0	0	0	0		3,140	3,140 LABORAT	-3,469
3130	1	PUBLIC AID ASSESSMENT INC								3,150	3,150 ST/OT THE	-1,256
3140	19	LABORATORY INCOME			0	0	0	0		3,151		
3150	6	SPEECH/OT-PRIVATE			0	0	0	0		3,152	3,152 ST/OT THE	-50,160
3151	6	SPEECH/OT-IPA			0	0	0	0		3,153	3,153 ST/OT THE	-18,779
3152	6	SPEECH/OT-MED PART A			0	0	0	0		3,160	3,160 X-RAY SEI	-165
3153	6	SPEECH/OT MED PART B								3,410	3,410 IPA/OTHEI	281,974
3410	2	IPA DISCOUNTS	563,083		0	0	0	0		3,411	3,411 MEDICARI	26,876
3411	2	MEDICAID PART B DISCOUNT			0	0	0	0		3,420	3,420 MEDICARI	251,314
3420	2	MEDICARE DISCOUNTS			0	0	0	0		3,500		
3440	36	ASSESSMENT TAX EXPENSE			42	3	0	0		3,520	3,520 RENT INC	-62
3520	16	RENT INCOME	-62		6	0	6	-62		3,530		
3530	13	BEAUTY SHOP	0		0	0	0	0		3,560	3,530 BEAUTY S	-4,052
3560	12	ACTIVITY FUND INCOME	-4,052		0	0	0	0		3,570	3,570 VENDING	78
3570	12	VENDING INCOME/EXPENSE	78		0	0	0	0		3,590	3,590 EQUIPMEN	-560
3580	12	MANAGEMENT FEES			0	0	0	0		3,595		
3590	1	EQUIPMENT RENTAL	-560		0	0	0	0		3,600	3,525 CONTRIBU	-126
3595	21	RESIDENT TRANSPORTATION	0		0	0	0	0		4,110	4,110 G&A WAG	222,121
3600	21	MISC INCOME	-126		0	0	0	0		4,111	4,111 ADMINIST	83,166
4110		GENERAL & ADMINIST WAGES	222,121	238,373	21	1	17	0		4,115	4,115 G&A PTO	16,252
4111		ADMINISTRATOR WAGES	83,166	83,166	17	1	0	0		4,120	4,120 EMPLOYE	16,881
4115		VACATION & SICK - G&A	16,252		21	1	0	0		4,125		
4120 4475		EMPLOYEE BENEFITS	20,277	474,678	22	3	0	0		4,130	4,130 EMPLOYE	2,292
4125		EMPLOYEE HEPETITIS VACCIN	0		22	3	0	0		4,135	4,135 EMPLOYE	-4,926
4130		EMPLOYEE SCHOLORSHIP WA	2,292		21	1	0	0		4,250	4,250 OFFICE SU	9,020
4135		EMPLOYEE SCHOLORSHIP COS	-4,926		23	3	0	0		4,255	4,255 POSTAGE	6,868
4220		DIRECTORS FEES			18	3	0	0		4,260	4,260 TELEPHON	18,085
4250 4255		OFFICE SUPPLIES	16,049	16,049	21	2	0	0		4,275	4,275 TRAINING	745
4260		TELEPHONE	18,085	18,085	21	3	0	0		4,276	4,276 INJURY PI	603
4275		TRAINING & EMPLOYEE DEVL	745	745	23	3	16	0		4,280	4,280 GENERAL	636
4280		GENERAL TRAVEL	636	4,385	24	3	16	0		4,281	4,281 MEAL EXI	31
4281		MEAL EXPENSE FOR TRAVEL	31		24	3	19	0		4,285	4,285 EDUCATIC	3,641
4285		EDUCATION & SEMINAR	3,718		24	3	19	-12,147 ***		4,289	4,289 MEETINGS	77
4290		HELP WANTED ADVERTISING	7,379	138,024	20	3	0	0	-89,790	4,290	4,290 HELP WAN	7,379
4291		PROMOTIONAL ADVERTISING	24,011		20	3	25	-24,011		4,291	4,291 PROMOTIC	24,011
4292		PUBLIC RELATIONS	4,057		20	3	25	-4,057		4,292	4,292 PUBLIC RI	4,057
4300		LICENSES & FEES	90,577		20	3	17	0		4,300	4,300 LICENSE &	90,577
4310		DUES & SUBSCRIPTIONS	11,559		20	3	17	-858		4,310	4,310 DUES & SU	11,559
4320		CONTRIBUTIONS	20,000		27	3	20	-20,000		4,320	4,320 CONTRIBU	20,000
4350		PROFESSIONAL FEES	568	387,468	19	3	22	-568		4,350	4,350 PROFESSIO	568
4355		MEDICAL DIRECTOR	3,000	3,000	9	3	0	0		4,355	4,355 MEDICAL	3,000
4360		UTILIZATION REVIEW			10	3	0	0		4,362	4,362 MEDICAL	1,350
4361		OTHER PHYSICIAN FEES			39	3	0	0		4,363	4,363 PHARMAC	3,180
4362		MEDICAL RECORDS CONSULT	1,350		10	3	0	0		4,364	4,364 SOCIAL SI	2,799
4363		PHARMACIST FEES	3,180		10	3	0	0		4,370	4,370 TV RENTA	1,874
4364		SOC SERV/ACT CONSULT	2,799	2,799	12	3	0	0		4,383	4,383 BACKGRO	441
4370		TV RENTAL	1,874		35	3	5	-956 **		4,390		
4380		INCOME TAXES	0	32,000	27	3	26	0		4,400	4,400 PAYROLL	229,002
4383		BACKGROUND CHECKS	441		20	3	26	0		4,401	4,401 PAYROLL	7,645
4400		PAYROLL TAXES	229,002		22	3	0	0		4,410	4,410 GROUP IN	165,547
4401		PAYROLL TAXES ADMINIST	7,645		22	3	0	0		4,420	4,420 LIABILITY	58,073
4410		GROUP INSURANCE	165,547		22	3	0	0		4,430	4,430 WORKMA	49,707
4420		LIABILITY INSURANCE	58,073	58,073	26	3	0	0		4,435	4,435 W/C-FIRST	3,886
4425		INSURANCE-OWNERS			22	3	21	0		4,436	4,436 DRUG TES	645
4430		WORKMENS COMP INSURANCI	54,841		22	3	0	0		4,450	4,450 CENTRAL	386,900
4450		CENTRAL OFFICE FEES	386,900		19	3	34	-386,900		4,460	4,460 BAD DEBT	12,000
4460		BAD DEBTS	12,000		27	3	24	-12,000		4,461	4,461 BAD DEBT	2,919
4470		LOST ITEMS-RESIDENTS	0		27	3	0			4,470		
4490		MISCELLANEOUS	0		27	3	0	0		4,475	4,475 UNIFORM	3,396
4510		REAL ESTATE TAXES	82,705	82,705	33	3	0	0		4,486	4,486 SERVICE C	5,920
4600		LEASED EQUIPMENT	1,602	3,476	35	3	16	0		4,490	4,490 MISC EXP	-1,260
5110		MAINTENANCE SALARIES	120,498	132,778	6	1	0	0		4,496	4,496 MISC. M.I.	161
5120		MAINTENANCE SICK & VAC	12,280		6	1	0	0		4,510	4,510 REAL EST.	82,705
5130		ELECTRIC	70,886	120,978	5	3	0	0		4,600	4,600 LEASED E	1,602
5131		NATURAL GAS	32,031		5	3	0	0		5,110	5,110 MAINTEN.	120,498
5132		HEATING & DEISEL OIL			5	3	0	0		5,120	5,120 MAINTEN.	12,280
5133		WATER & SEWER	18,061		5	3	0	0		5,130	5,130 ELECTRIC	70,886
5134		TRASH COLLECTION	7,073	33,898	6	3	0	0		5,131	5,131 NATURAL	32,031
5140		PROPERTY PLANT REPLACEM	15,445	60,144	6	2	0	0		5,133	5,133 WATER &	18,061
5160		GENERAL REPAIR & MAINT	44,699		6	2	0	0		5,134	5,134 TRASH CC	7,073
5165		MAINTENANCE CONTRACTS	26,825		6	3	0	0		5,140	5,140 PROP/PLA	15,445
5210		DIETARY WAGES	329,529	351,758	1	1	0	0		5,160	5,160 GENERAL	44,699
5220		DIETARY SICK & VAC	22,229		1	1	0	0		5,165	5,165 MAINTEN.	20,905
5240		SALES TAX			2	3	13	-857		5,210	5,210 DIETARY	329,529
5248		FOOD PURCHASES	211,254	182,059	2	2	0	0		5,220	5,220 DIETARY	22,229
5250		SUPPLIES-DISHWASHING	6,771	21,383	1	2	0	0		5,248	5,248 FOOD PUR	212,514
5260		DIETARY REPLACEMENT	2,390		1	2	0	0		5,250	5,250 SUPPLIES	6,771
5270		KITCHEN SUPPLIES-PAPER	12,222		1	2	0	0		5,260	5,260 REPLACEM	2,390
5295		MEAL CREDIT	-29,195		2	2	0	0		5,270	5,270 KITCHEN	12,222
5310		LAUNDRY WAGES	73,000	76,840	4	1	0	0		5,295	5,295 MEAL INC	-29,195
5340		LAUNDRY SICK & VAC	3,840		4	1	0	0		5,310	5,310 LAUNDRY	73,000
5370		LAUNDRY REPLACEMENT	12,301	26,645	4	2	0	0		5,340	5,340 LAUNDRY	3,840
5380		LAUNDRY REIMBURSEMENT			4	3	0	0		5,370	5,370 REPLACEM	12,301
5390		LAUNDRY SUPPLIES	14,344		4	2	0	0		5,380		
5410		HOUSEKEEPING WAGES	112,217	120,448	3	1	0	0		5,390	5,390 SUPPLIES	14,344
5440		HOUSEKEEPING SICK & VAC	8,231		3	1	0	0		5,410	5,410 HOUSEKE	112,217
5480		HOUSEKEEPING SUPPLIES	15,116	37,100	3	2	0	0		5,440	5,440 HOUSEKE	8,231
5490		HOUSEKEEPING SUPPLIES-PPR	21,984		3	2	0	0		5,480	5,480 SUPPLIES-	15,116
6010		RN WAGES-MEDICARE		1,736,903	10	1	0	0		5,490	5,490 SUPPLIES-	21,984
6020		RN WAGES-NON MEDICARE	371,589		10	1	0	0		6,020	6,020 RN WAGE	371,589
6030		DON WAGES	53,800		10	1	0	0		6,030	6,030 DON WAG	53,800
6035		ADON	36,657		10	1	0	0		6,035	6,035 ADON WA	36,657
6040		RN SICK & VACATION	35,758		10	1	0	0		6,040	6,040 RN PTO &	35,758
6110		LPN WAGES-MEDICARE			10	1	0	0		6,120	6,120 LPN WAGI	355,397
6120		LPN WAGES-NON MEDICARE	355,397		10	1	0	0		6,140	6,140 LPN PTO &	26,963
6130		LPN WAGES OTHER			10	1	0	0		6,220	6,220 AIDES WA	754,699
6140		LPN SICK & VACATION	26,963		10	1	0	0		6,240	6,240 AIDES PTC	58,569
6210		AIDE WAGES-MEDICARE			10	1	0	0		6,245	6,245 CONTRAC	5,451
6220		AIDE WAGES-NON MEDICARE	754,699		10	1	0	0		6,246	6,246 CONTRAC	5,931
6230		WARD CLERKS			10	1	0	0		6,247	6,247 CONTRAC	110,708
6240		AIDE VACATION & SICK	58,569		10	1	0	0		6,250	6,250 NURSE AI	10,143
6245		CONTRACT NURSES-RN	5,451		10	3	0	0		6,255	6,255 NURSE AI	1,679
6246		CONTRACT NURSES-LPN	5,931		10	3	0	0		6,260	6,260 NURSE AI	-6,391
6247		CONTRACT NURSES-AIDES	110,708		10	3	0	0		6,270	6,270 REHAB W.	39,122
6250		NURSE AIDE TRAINING WAGES	10,143	10,143	13	1	0	0		6,275	6,275 REHAB PT	4,349
6255		NURSE AID TRAINING EXP	1,679	1,679	13	2	0	0		6,290	6,290 NURSING	55,141
6260		NURSE AIDE TRAINING REIMB	-6,391		0	0	0	0		6,295	6,295 NURSING	17,257
6270		REHAB WAGES	39,122		10	1	0	0		6,390	6,390 REPLACEM	5,474
6275		REHAB SICK & VAC	4,349		10	1	0	0		6,490	6,490 OTHER	3,354
6280		NURSING DEPT EDUCATION			23	3	0	0		7,280	7,280 DRUG PUR	54,085
6290		NURSING SUPPLIES	55,141	77,872	10	2	0	0		7,281	7,281 DRUG PUR	229,540
6295		NURSING SUPPLIES	17,257		10	2	0	0		7,380	7,380 LABORAT	571
6390		REPLACEMENT-NURSING	5,474		10	2	0	0		7,391	7,390 X-RAY SEI	846
6490		NURSING OTHER	3,354	129,974	10	3	0	0		7,393	7,393 OTHER A S	2,347
7280		DRUG PURCHASES	54,085	283,791	39	2	0	208,723 ***		7,510	7,510 ACTIVITIE	61,270
7281		DRUG PURCHASES-OTHER	229,540		39	2				7,540	7,540 ACTIVITIE	3,229
7380		LABORATORY SERVICES	3,764	153,172	39	3	0	0		7,590	7,590 ACTIVITIE	4,013
7410		HOME HEALTH SALARY			39	1	0	0		7,620	7,620 PHYSICAL	98,280
7440		HOME HEALTH SICK & VAC			39	1	0	0		7,660	7,660 P.T. SUPPI	166
7450		HOME HEALTH EXPENSES			39	3	0	0		7,710	7,710 SOCIAL SI	42,383
7510		ACTIVITES WAGES	61,270	64,499	11	1	0	0		7,720	7,720 SOCIAL SI	2,731
7540		ACTIVITIES SICK & VAC	3,229		11	1	0	0		7,730		
7590		ACTIVITIES SUPPLIES	4,013	4,013	11	2	0	0		7,740	7,740 OCCUPAT	48,216
7595		ACTIVITIES FEES	0	0	11	3	0	0		7,750		
7610		PT WAGES			39	1	0	0		7,770	7,770 SPEECH TI	2,912
7611		PT SICK & VACATION			39	1	0	0		7,820		
7620		PT FEES	98,280		39	3	0	-17,006 ***		7,890		
7660		PT SUPPLIES	166		39	2	0	0		7,960		
7710		SOCIAL SERVICE WAGES	42,383	45,114	12	1	0	0		8,120	8,120 INTEREST	188,337
7720		SOCIAL SERVICE SICK & VAC	2,731		12	1	0	0		8,125	8,125 ALLOCAT	28,126
7730		SOCIAL SERVICE EXPENSES	0	0	12	2	0	0		8,130	8,130 DEPRECIA	353,018
7740		OT FEE	48,216		39	3	0	-5,583 ***		8,150	8,150 LOAN FEE	6,124
7750		SOCIAL THERAPIST FEE	0	0	12	3	0	0		9,510	9,510 INTEREST	-141
7770		SPEECH THERAPY FEE	2,912		39	3	0	2,567 ***		9,520		
7800		BEAUTICIAN WAGES		0	40	1	0	0		9,530		
7810		BEAUTICIAN SICK & VAC			40	1	0	0				
7820		BEAUTICIAN FEES	0	0	40	3	0	0				
7890		BEAUTY SHOP SUPPLIES	0	0	40	2	0	0				
7910		VOLUNTEER COORDINATOR	0	0	21	1	0	0				
7940		VOL COORD SICK & VAC	0		21	1	0	0				
7960		VOL COORD SUPPLIES	0		21	2	0	0				-562,125
8100		RENT		0	34	3	0	0				
8120		INTEREST EXPENSE	216,463	222,587	32	3	14	-141				
8130		DEPRECIATION	353,018	353,018	30	3	9	35,878				
8150		LOAN FEE AMORTIZATION	6,124		32	3	0	0	60,773			
9510		INTEREST INCOME	-141		32	0	10	0				
9520		MISC NON-OPERATING INCOM	0		0	0	0	0				
9700		INCOME TAXES	0		0	0	0	0				
			5,783,290	5,789,822								
				6,532								
GRAND TOTALS			-562,125					-237,978				
			(NET INCOME)									
			0									

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

173,113

	G/L	RECAP CENSUS
PP	26,399	22,850
IPA	26,110	26,097
medicare	1,631	1,631
		50,578

IPA BEDHOLDS	13
PP BEDHOLDS	181
PP CONVERS	3,368